

Testimony submitted by:

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Chairman Richardville and members of the committee, thank you for allowing me to submit testimony today on behalf of the staff and volunteers of the American Heart Association. I wish to express support for some of the Medicaid reforms outlined in the Senate substitute for House Bill 4714 and to share our concerns regarding other reforms proposed in the bill.

The American Heart Association is concerned with Medicaid coverage because nearly 53% of current Medicaid beneficiaries have a history of heart disease or stroke and individuals with Medicaid coverage are more likely to have cardiovascular conditions than those who have other types of health insurance coverage. For example, 40% of all adult Medicaid beneficiaries have high blood pressure and 32% have high cholesterol, both important risk factors for heart attack and stroke. These findings are consistent with the overall trend that individuals with Medicaid are generally sicker and have poorer health status than other Americans, highlighting how critical this coverage is for low-income Americans with CVD.

Medicaid provides important benefits to patients with heart disease and stroke, compared to being uninsured. In fact, according to the only randomized, controlled trial comparing the effect of Medicaid to being uninsured, having Medicaid coverage increased individuals' access to preventative care, outpatient care, prescription drugs, and hospital care. The trial showed Medicaid beneficiaries with heart disease are twice as likely to take their medication appropriately compared to those who are uninsured and are more likely to have their blood pressure controlled, compared to the uninsured. Finally, those with Medicaid are 20% more likely to have been checked for high cholesterol, compared to the uninsured.

Based on these important facts, the American Heart Association believes that the Senate substitute for HB4714 is an important step in ensuring access to health insurance for 450,000 working adults and provides for important cost savings and improvements to the Michigan Medicaid program. We especially applaud the efforts to incentivize individuals to adopt healthy behaviors and to expand the scope of the coverage to those between 100% and 133% of FPL. We also fully support the provision contained within the bill that co-pays for treatment of chronic conditions, such as heart disease, may be waived.

While we are pleased to see this discussion move forward, we wish to share our concerns regarding a particular piece of the substitute for HB4714 - specifically the provision which would

require, after 48 months, that those between 100 to 133% of FPL to either purchase insurance through the insurance exchange or face a contribution of up to 7% of their income in order to continue receiving Medicaid. This provision of the bill could well leave those with very limited incomes and who suffer from chronic conditions such as heart disease without a source of affordable coverage. This could once again drive up healthcare costs in our state as these individuals delay needed care for their chronic conditions.

Again, the American Heart Association is pleased to see the efforts to conduct a robust and thoughtful discussion on how best to cover the uninsured individuals in our state and, in doing so, drive down costs and help individuals lead healthier lives. We look forward to being a part of these discussions and to ensuring that consideration is given to the needs of those with cardiovascular disease, the leading cause of death in our state.